



FLU PNEUS

June 2000
Volume 2000-1

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Special points of interest:

- NMA schedule of education seminars
- 2000 Flu Coordinator list included
- State Flu and Pneumo data attached.

Medicare Dropping Requirement for Physician-Ordered PPV

In what is considered a great victory toward increasing pneumococcal vaccination rates within the Medicare population, HCFA has eliminated the requirement for a physician's signature for a Medicare beneficiary to receive a pneumococcal vaccination. Also eliminated is the need to determine the person's age, health and vaccination status and the provision of a person's record of vaccination.

Medicare does not require for coverage purposes that the vaccine must be ordered by a doctor of medicine or osteopathy. Therefore, the beneficiary may receive the vaccine upon request without a physician's order and without physician supervision. **This change will become effective before the flu season. Contact your state's Medicare carrier or fiscal intermediary for the correct effective date.**

Those administering the vaccine should not

require the patient to present an immunization record prior to administering the pneumococcal vaccine, nor should they feel compelled to review the patient's complete medical record if it is not available."

These new and revised procedures have gone out to the all Medicare contractors, to include the carrier (Part B), the fiscal intermediary (Part A), hospitals, skilled nursing facilities, hospices, home health agencies, non-hospital operated renal dialysis facilities, and outpatient physical therapists, comprehensive outpatient rehabilitation facilities and community mental health centers.

For copies of the complete manual changes and issuances, please log on to www.hcfa.gov. (Call Linda Horsch @ 214-767-4467, for a copy if you don't have internet access.)



Mi casa es su casa....Dallas, Region VI

Bum code...Pneumo Billing Code 90669 — by Leslie Trazzi

In an effort to be proactive, HCPCS code 90669, Pneumococcal (PPV), polyvalent was created by the HCPCS workgroup and given an effective date of 01/01/1999. It was thought that a drug meeting the description of that code would be approved by the Food and Drug Administration (FDA) by that date. Unfortunately, no drug meeting that description has yet been approved by the FDA. The HCPCS code was included in the Medicare Carri-

ers Manual with the 01/01/1999 effective date. Throughout 1999, providers submitted PPV claims using that code even though no drug matching the description was available.

In order to address this problem, in November of 1999, HCFA released Change Request 1031, Transmittal 1655 which made 90669 a non-covered code for claims with dates of service on or after

Regional Office Corner

Your Regional Office Flu Coordinators should be your first line of contact with immunization questions. If they don't have the answers, they can direct you to proper source.

Each newsletter will feature two regional offices 1999 iz-related activities.

Starting with Region 1, better known as Boston, Mass., & Boston's Flu Coordinator Helen Mulligan. Learn more about Helen in our "Meet Your Flu Coordinator" column.

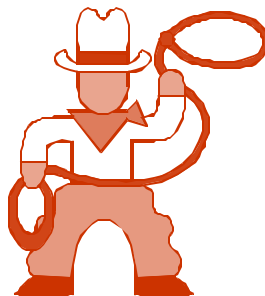
See Helen's Attachment 1 to learn Boston's regional flu activities.

For other Region I Immunization activities, see Helen's Attach. 2.

Our second RO to highlight in this issue is New York.

Who doesn't love New York! You can also meet NY's Flu Coordinator in this issue. The infamous Barry Klitsberg.

Barry spent his flu allocation on newspaper ads in



Rounding up the news from across the country...yee-ha.

three large local papers, one in New Jersey (a suburban NY community) which ran for four weeks. (New Jersey is a NY suburb? Only a true New Yorker would lay such claim!) The second ad was placed in "El Diario", the largest Spanish newspaper in NY City (is Mexico a NY suburb?). The third ad was placed in "Newsday", a Long Island paper.

Next issue get ready to hear from Philadelphia and Atlanta.

NCAI OFFERS COALITION GUIDE

The National Coalition for Adult Immunization (NCAI) has designed a guide to aid state and local coalitions in building and sustaining their coalition efforts, entitled "Model Programs Initiative Guide".

The guide profiles 22 Model Programs Initiative participants and their suc-

cesses and lessons learned. Additionally, the guide includes a resource section, highlighting an annotated coalition building bibliography, fact sheets and critical factors of best practice.

Copies are available from the NCAI. Please call (301) 656-0003.

1998 Flu and Pneumo Data

Per Larry LaVoie:

National and state data rates for 1998 influenza and pneumococcal vaccines, based on analysis of Medicare data, is attached.

For Medicare beneficiaries aged 65 and over, and not enrolled in an HMO:

⇒ National influenza rates did not increase from

1997 to 1998.

⇒ The percent of beneficiaries who received PPV increased to 31% in 1998 from 26% in 1997.

⇒ During 1998, 8% of beneficiaries received their initial pneumo-



Give flu and pneumo the boot!

coccal vaccine.

⇒ County-level and additional state data will be available soon on HCFA's website.

Standing Orders: It's a Done Deal!

MEDICARE INITIATIVE AIMS AT GETTING SENIORS TO GET FLU SHOTS

Building on the early success of its campaign to get more older Americans vaccinated against flu, Medicare is sponsoring a new pilot program that will make annual flu and pneumonia shots almost automatic in the nation's nursing homes.

Under the standing orders initiative of Medicare's Healthy Aging Project, nursing home residents will be alerted when it is time to get a flu shot and can get it without needing a new doctor's order each year.

"Nearly two-thirds of Americans age 65 and older are getting their flu shots, but we expect to boost that dramatically under this new initiative," said HHS Secretary Donna E. Shalala. "We hope flu shots will become a part of the nursing home routine."

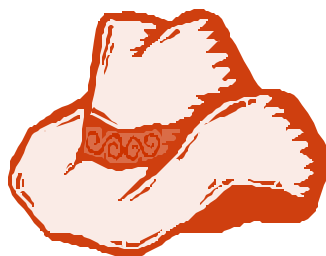
Flu and pneumonia are leading causes of sickness and death among older Americans, yet severe disease from both is largely preventable through immunization. Public and provider education efforts have raised immunization rates in recent years, but research by the Health Care Financing Administration, the federal Medicare agency, and others suggests that new measures are needed to reach the rest of the senior population.

Placing permanent entries in nursing home residents' medical charts will assure that they get a personal reminder each fall when it is time for a flu shot and the shot can be administered on the spot by appropriate health care professionals. The project also will encourage pneumonia immunization. While annual flu shots are recommended, one pneumonia shot usu-

ally is good for a lifetime.

"Standing orders work because the immunizations are routinely offered, reducing reliance on patient or provider memory," said HCFA Administrator Nancy-Ann DeParle. "And nursing homes are the places to start because they have vulnerable senior populations at high risk for contagious diseases such as flu and pneumonia."

The pilot project is a cooperative



Hats off to the Standing
Orders Workgroup

venture of HCFA and the Centers for Disease Control and Prevention (CDC) and is being implemented in the District of Columbia, Florida, Hawaii, Idaho, Kentucky, Massachusetts, Minnesota, Montana, and New Mexico in time for the 2000 fall flu season. Alaska, Mississippi and Oregon are also doing standing orders projects, but not as part of the HCFA demonstration. The project is using peer review organizations, HCFA's contractors for quality assurance, to have standing orders for flu and pneumonia shots included in the records of nursing home residents. With these orders in place, nursing homes will be able to assure that virtually every resident gets an annual flu shot.

"We cannot rely solely on patient or doctor memory to ensure the delivery of preventive services," DeParle said. "We need to find

ways to build prevention into routine medical care. We believe the standing orders project will do this."

Between 20,000 and 40,000 deaths are attributed to flu and pneumonia in the United States each year.

More than 90 percent of the deaths occur in people age 65 and older. Among elderly nursing home residents, influenza vaccination can be 50 to 60 percent effective in preventing hospitalization or pneumonia, and 80 percent effective in preventing death. Pneumococcal vaccination is 60 to 70 percent effective in preventing invasive (bacterial) pneumococcal infection.

Medicare has covered flu shots since 1993 and pneumonia vaccinations since 1981. HCFA has conducted an aggressive campaign to get Medicare beneficiaries inoculated against these major killers of older Americans, and annual promotions such as public service announcements, posters and general mailings have succeeded in getting most seniors immunized. By 1997, 63 percent of older Americans got flu shots, exceeding the goal of 60 percent that had been set for the year 2000, and 42 percent got pneumonia shots.

But a report done for HCFA by RAND, a private research and consulting firm, concluded that getting the remaining 37 percent inoculated will require other approaches such as standing orders.

The HCFA research found that standing orders are more effective than traditional patient reminders in getting people immunized. HCFA and CDC also are recommending additional steps to increase immunization, including provider reminders, such as stickers placed on medical charts or computer messages, and personalized cards or letters to patients from their doctors.

"The Healthy Aging Project is a

Flu Factoid

**Medicare has
covered**

**Pneumococcal
Pneumonia**

vaccinations since

7/1/81 and flu

vaccinations since

5/1/93.

For your Reading Pleasure...

OIG-Office of Evaluations and Inspections

"Nursing Home Vaccination: Reaching Health People Goals (OEI-01-99-00010;4/00)"

This inspection looked at ways to accelerate fulfillment of the Healthy People 2010 goal of vaccinating 90 percent of nursing home residents against influenza and pneumococcal disease. We found that four levers of change can be influential in reaching this goal; making vaccination a standard part of admission, collecting uniform data on vaccination coverage, easing access to vaccines, and enhancing education about

vaccine safety and efficacy. We identified opportunities for improvement corresponding with each of the four levers, which we directed to HCFA and the CDC. HCFA could require nursing homes to assess



residents for vaccinations upon admission, add vaccination to the Minimum Data Set (MDS), and use its contractors to teach nursing homes about simplified

Medicare billing. HCFA and CDC could use the MDS to identify and reach out to nursing homes with low vaccination rates. Both agencies responded positively in their comments on the draft report. The report is available online at : <http://www.hhs.gov/oig/oei/whatsnew.html>

May 5, 2000 MMWR:

Report on influenza activity within the United States and Worldwide for the 1999-2000 season, as well as composition of the 2000-2001 influenza vaccine. The article is available at: <ftp://ftp.cdc.gov/pub/publications/mmwr/wk/mm4917.pdf>

Mortality associated with pandemics:

? 1918-19 "Spanish flu" A(H1N1) -- Caused the highest known influenza-related mortality: approximately 500,000 deaths occurred in the United States, 20 million worldwide.

? 1957-58 "Asian flu" A(H2N2) -- 70,000 deaths in the United States.

? 1968-69 "Hong-Kong flu" A(H3N2) -- 34,000 deaths in the United States.

Meet Helen Mulligan...Bean Town's Immunization Queen

Helen Mulligan joined the Medical Review Branch (now known as the Division of Clinical Standards and Quality) in February 1995. Part of her job involves working with PRO communications directors and their staff.

She also produces charts, overheads, flyers and other support materials for the regional office.

She serves on a variety of workgroups to include the RO flu and mammography teams, the HCQIP Pneumonia CAT and the Mas-

sachusetts Beneficiary Services Workgroup.

Before arriving at HCFA, she worked in the Public Affairs Office at Fort Devens, MA.

Helen majored in journalism.
(Continued on page 5)

Meet Barry ... The Donald Trump of Flu

Barry Klitsberg is the HCFA Medicare Beneficiary Outreach Coordinator for New York State. Barry has been with the Department of Health and Human Services for almost 26 years. Starting with SSA as a Service Representative then moving to HCFA where he has spent the

past 21 years. Some of the positions he has held with HCFA include: five years as a Contract/Grant Specialist with the Division of Health Standards and Quality, managing Peer Review Organization (PRO) contracts; 10 years as a Health Insurance Specialist with the PRO Pro-

gram, responsible for monitoring PROs to assure that the quality of health care services provided to Medicare beneficiaries met professionally recognized standards; and for the last six years Barry has worked in the Division of Beneficiaries Health Plans

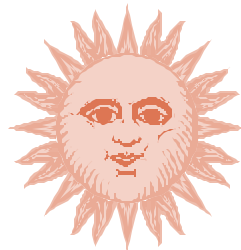
(Continued on page 5)

Coming to a city near you.....

The National Medical Association has been awarded funding from HCFA to conduct a national physician education program targeted to adult immunizations. The National Medical Association (NMA) is the oldest and largest national professional organization representing 22,000 African American physicians in the U.S., Puerto Rico and the Caribbean.

Immunization rates for African American adults are generally half what they are for the population as a whole. Eleven educational programs, entitled

"Immunization—A Family Affair", will be conducted throughout 2000. The primary goal of the education seminars will be to educate NMA physicians and healthcare providers on adult immunization and ultimately increase rates in the



What a stellar idea!

African American community.

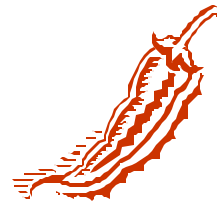
The program will be a dinner symposia format in collaboration with local NMA constituent and component societies. The NMA is looking to invite members from organizations interested in this partnership and networking opportunity, free of charge.

See the schedule on the next page, and then contact either Yvonne Fuller or Cheryl Dukes, with the NMA National Headquarters at 202-347-1895, if you would like to attend.

Meet Helen...(continued)

(Continued from page 4)

ism and received a Bachelor of Science degree in the arts and sciences from Northeastern University. She has also taken several advanced degree courses in communications.



Hot, Hot, Hot!

Flu Factoid

The 1918 flu epidemic killed more Americans in a single year than died in battle in World War I, World War II, the Korean War and the Vietnam War.

Meet Barry...(continued)

(Continued from page 4)

and Providers first as a Customer Service Coordinator & now coordinating outreach activities. Barry has been the HCFA Regional Flu Coordinator for the past 6 years. Some of his major accomplish-

ments in this area have been to greatly expand the HCFA partnerships to include other federal agencies, states and local governments.

Barry is a New York State certified Emergency

Medical Technician & has served as a volunteer in the Glen Oaks Volunteer Ambulance Corps and has served as the Chairman of the Board of Directors.

Barry is a graduate of the City College of New York.

HCFA

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We're on the Web!
www.hcfa.gov/quality-of-care/project-activities

NMA and HCFA Adult Immunization Dinner Meeting Schedule

Houston, TX	Feb. 17
Gary, IN	Mar. 16
Louisville, KY	Apr. 27
Charlotte, N.C.	May 11
Dallas, TX	June 8
Miami, FL	rescheduled, TBA
New Orleans, LA	rescheduled, TBA
Washington DC	Aug TBA
Memphis, TN	Aug. 31
Los Angeles, CA	Sep. 7
Atlanta, GA	Sep. 21

What is "Flu Pneus" (Flu News)

This is a continuation of the series of newsletters initially issued by the Kansas City Regional Office and now issued by the Dallas Regional Office. Periodic issues will keep all of our flu/pneumo partners informed of related activities recently completed, underway or planned. This is how it will work:

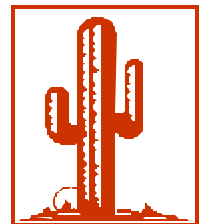
- ♦ The Dallas Regional Office will handle the first tier dissemination using e-mail, the web at www.hcfa.gov (click on quality of care, then project activities), and regular mail when needed. The distribution list will include all of the key contacts in

HCFA Central Office, CDC, NCAI, the HCFA Regional Flu Coordinators, and the PRO flu leads.

- ♦ Each of these recipients should feel free to share the newsletter with anyone else they feel can use the information ... and, we will be more than willing to expand our initial distribution list to include others.
- ♦ Each newsletter will be assigned a number (2000-1, 2000-2, etc.) and will include a listing, with topics covered, of all previous newsletters so you'll know if you missed

any.

- ♦ If you are aware of the need for an article on a specific topic, or would like to use the "Flu Pneus" as a vehicle to convey info about a related topic, contact Linda Horsch (214-767-4467, e-mail: lhorsch@hcfa.gov) or David Wright 214-767-



Stick with us...you may learn something!